

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22		1				
23		2				
24		1				
25		1				
26		2				
27		1				
28		1				
29		1				
30		1				
31		2				
32		2				
33		2				
34		2				
35		2				
36	1					
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		1				
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
53												
54												
55												
56												
57												
58												
59												
60												
61												
62	1											
63												
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69												
70	1											
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73	1											
74	1											
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98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												